

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/14/2011  
FORM APPROVED  
OMB NO. 0938-0391

45th 11/12

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>445130 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>10/12/2011 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>NHC HEALTHCARE, SPARTA | STREET ADDRESS, CITY, STATE, ZIP CODE<br>34 GRACEY ST<br>SPARTA, TN 38583 |
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|--------------------------|--|---------------------|---|----------------------------|
| F 157<br>SS=D            | <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review and interview the facility failed to notify the family and physician</p> | F 157               | <p>This plan of correction is submitted as required under state and federal law. The submission of this plan does not constitute an admission on the part of NHC HealthCare Sparta as to the accuracy of the surveyor's findings nor the conclusions drawn there from. The facility's submission of the plan of correction does not constitute an admission on the part of the facility that the findings are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.</p> <p>F157 – Notify of Changes</p> <p>On 10-18-11 doctor and family were notified of resident #1 bruising. By 10-21-11 all residents with documented bruising were reviewed by the Director of Nursing for physician and family notification. All licensed staff was in-serviced on 10-21-11 on family and physician notification regarding bruising. Director of Nursing or designee will monitor compliance of notification of family and physician of any bruising weekly x 8 weeks. Findings of the quality assurance monitor will be reported by the Director of Nursing to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.</p> | 10-21-11                   |

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|---|---------------|-----------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE         | (X6) DATE |
| <i>Bruce Stephens</i>   | Administrator | 10-24-11  |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 157   | Continued From page 1<br>of new bruising for one resident (#1) of<br>twenty-three residents reviewed.<br><br>The findings included:<br><br>Resident #1 was admitted to the facility on<br>September 15, 2011, with diagnoses including<br>Parkinsons, Hypertension, Dementia, Psychosis<br>and Depression.<br><br>Medical record review of the Minimum Data Set<br>(MDS) dated August 11, 2011, revealed the<br>resident had short and long term memory<br>problems, required extensive assistance for<br>transfers, dressing and bathing.<br><br>Medical record review of Weekly Skin<br>Assessment Progress Notes dated September 2,<br>2011, revealed "...bruising and discoloration<br>noted to both arms..." and Weekly Skin<br>Assessment Progress Notes dated October 7,<br>2011, revealed "...Bruising noted to right arm and<br>right rib cage..."<br><br>Interview on October 11, 2011, at 8:50 a.m., with<br>Licensed Practical Nurse (LPN) (#3), at station<br>three nurse's station, confirmed no<br>documentation the family or physician were<br>contacted after the discovery of the bruising.<br><br>Interview by phone on October 11, 2011, at 8:50<br>a.m., with LPN #5, the nurse that completed the<br>progress note, confirmed the family and physician<br>were not contacted after the discovery of the<br>bruising. | F 157  |  |  |  |
| F 226<br>SS=D   | 483.13(c) DEVELOP/IMPLMENT<br>ABUSE/NEGLECT, ETC POLICIES   | F 226  |  |  |  |

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| F 226   | <p>Continued From page 2</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review and interview the facility failed to investigate an injury of unknown origin for one resident (#1) of twenty-three residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on September 15, 2011, with diagnoses including Parkinsons, Hypertension, Dementia, Psychosis and Depression.</p> <p>Medical record review of the Minimum Data Set (MDS) dated August 11, 2011, revealed the resident had short and long term memory problems, required extensive assistance for transfers, dressing and bathing.</p> <p>Medical record review of the Weekly Skin Assessment Progress Notes dated September 2, 2011, revealed "...bruising and discoloration noted to both arms..." and Weekly Skin Assessment Progress Notes dated October 7, 2011, revealed "...Bruising noted to right arm and right rib cage..."</p> <p>Interview with the Director of Nursing (DON) on October 11, 2011, at 8:55 a.m., at the station 3 nurse's station, confirmed the facility had failed to investigate the origin of the bruises.</p> | F 226  | <p>F226 – Develop/Implement Abuse/Neglect, Etc. Policies</p> <p>On 10-11-11 LPN (#3) with the assistance of the Director of Nursing initiated the investigation into Resident #1's bruising. The investigation concluded that the resident is resistive to care, occasionally hitting his arms against the half side rails. He is also on anti-coagulation medications which makes him more prone to skin discolorations. By 10-21-11 all residents with documented bruising were reviewed to verify that investigations have been completed as to the cause of bruising. On 10-21-11 all licensed nursing staff was in-serviced on completing investigations into bruising. Director of Nursing or designee will monitor to assure all bruises are investigated weekly x 8 weeks. Findings of the quality assurance monitor will be reported by the Director of Nursing to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.</p> | 10-21-11                   |  |

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| F 329<br>SS=D   | <p><b>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</b></p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review and interview the facility failed to implement physician's orders timely resulting in unnecessary medication doses for one resident (#18) of twenty-three residents reviewed.</p> <p>The findings included:</p> | F 329  | <p>F329 – Drug Regimen is Free from Unnecessary Drugs</p> <p>Resident # 18 was seen by her attending physician on 9-3-11 and by the psych nurse practitioner on 9-16-11 with no ill effects noted. On 10-19-11 pharmacy recommendations were reviewed by the Director of Nursing for unnecessary anti-psychotic drug use and none were found. All physician orders were implemented timely. Pharmacy recommendations will be obtained from the physicians and implemented timely to assure unnecessary anti-psychotic drugs will not be given. On 10-21-11 staff was in-serviced on timely implementation of physician orders to assure that unnecessary psych medications are not given. Director of Nursing or her designee will monitor timely implementation of physician orders weekly x 8 weeks. Findings of the quality assurance monitor will be reported by the Director of Nursing to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.</p> | 10-21-11                   |  |

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| F 329   | Continued From page 4<br>Resident #18 was admitted to the facility on July 6, 2011, with diagnoses including Hypertension, Diabetes Mellitus, Anemia, and Depression.<br><br>Medical record review of a pharmacy recommendation dated August 9, 2011, revealed a recommendation by the pharmacy "...discontinue Seroquel 25mg (milligrams) (an antipsychotic prescribed for resident #18 to take nightly, at bedtime). Continued medical record review revealed the Medical Director agreed with the recommendation on August 11, 2011.<br><br>Medical record review of the Medication Administration Record for August 2011 revealed the facility failed to discontinue the medication until August 25, 2011, resulting in 15 unnecessary doses of Seroquel 25mg.<br><br>Interview with the Director of Nursing on October 12, 2011, at 8:10 a.m., at the station 2 nurse's station, confirmed the facility failed to discontinue the medication until August 25, 2011, resulting in 15 unnecessary doses of Seroquel 25mg. | F 329  | F 371 – Food Procure Store/Prepare/Serve – sanitary<br><br>On 10-10-11 the chemicals were moved to the dietary laundry area where no dry goods are stored. All other locations where chemicals are stored were observed to make sure no other items were stored there. None were found. On 10-21-11 dietary staff was in serviced by the Dietary manager on proper storage of chemicals. Dietary manager or designee will monitor proper storage of chemicals weekly x 8. Findings of the quality assurance monitor will be reported by the Dietary Manager to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.<br><br>On 10-19-11 new rubber gaskets were ordered for cooler #1, #3, and #4 and will be installed by 10-28-11. On 10-21-11 dietary staff was in serviced by the Dietary Manager on keeping the rubber gaskets clean. Dietary manager or designee will monitor weekly x 8 for compliance with cleaning schedule. Findings of the quality assurance monitor will be reported by the Dietary Manager to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse. |  | 10-21-11   |
| F 371<br>SS=E   | 483.35(i) FOOD PROCURE,<br>STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions   | F 371  |  |  | 10-28-11   |

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| F 371   | <p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview the facility failed to store food preparation equipment and refrigerated and dry foods in a sanitary manner, and failed to maintain safe food temperatures in the dietary department.</p> <p>The findings included:</p> <p>Observation on October 10, 2011, at 8:50 a.m., in the dietary department, revealed in the chemical storage closet, a metal rack with three shelves, multiple disposable plastic lids on top shelf, condiment cups on second shelf, and liquid sanitizer and mop soap on the bottom shelf.</p> <p>Interview on October 10, 2011, at 8:50 a.m., in the storage closet, with the Dietary Manager, confirmed the lids and the condiment cups were stored in the chemical closet and available for use by dietary staff.</p> <p>Observation on October 10, 2011, in the dietary department, revealed freezers #1, #3, and #4 had black debris on the rubber gaskets inside the freezers.</p> <p>Interview on October 10, 2011, at 8:50 a.m., in the dietary department, with the Dietary Manager, confirmed black debris on the gaskets inside freezers #1, #3, and #4.</p> <p>Observation on October 10, 2011, at 9:00 a.m., in the dietary department, revealed food spillage in the bottom of the #1 cooler.</p> <p>Interview on October 10, 2011, at 9:00 a.m., in</p> | F 371  | <p>On 10-10-11 #1 cooler was cleaned. On 10-10-11 all other coolers were checked and cleaned as needed. Dietary manager in serviced dietary staff on 10-21-11 regarding the cleaning schedule for the coolers. Dietary manager or designee will monitor the cleaning schedule of coolers weekly x 8 weeks. Findings of the quality assurance monitor will be reported by the Dietary Manager to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.</p> <p>On 10-10-11 out of date milkshakes were disposed of by dietary manager. On 10-10-11 all milkshakes were check to make sure they were in date and marked with the thawed dates on them. On 10-21-11 Dietary manager in serviced dietary staff on making sure thaw dates are noted on milkshakes and disposal of out of date items. Dietary manager will monitor food dating of items weekly x 8. Findings of the quality assurance monitor will be reported by the Dietary Manager to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.</p> |  | <p>10-21-11</p> <p>10-21-11</p>                        |

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| F 371   | <p>Continued From page 6</p> <p>the dietary department, with the Dietary Manager, confirmed food spillage in the bottom of the #1 cooler.</p> <p>Observation on October 10, 2011, at 9:10 a.m., in the dietary department, in #1 cooler revealed a box labeled, "...9-8-11...keep frozen at 0 (zero)...use 14 days after thawed..." and containing three strawberry, 6 vanilla, 5 sugar free vanilla 4 ounce milkshakes, and a box containing seventy-five 4 ounce vanilla milkshakes, with no date when received and "...9-21-11... keep frozen at 0 (zero)...use 14 days after thawed..."</p> <p>Interview on October 10, 2011, at 9:10 a.m., in the dietary department, with the Dietary Manager, confirmed the 4 ounce milkshakes were out dated and available for use by dietary staff.</p> <p>Observation on October 10, 2011, at 9:20 a.m., in the dry food storage room, revealed multiple dead insects in the window sills and floor underneath the food storage racks. Further observation revealed spiders and spider webs underneath the food racks and above the racks. Further observation revealed two fourteen ounce cans of bean sprouts with an expiration date August 24, 2011.</p> <p>Interview on October 10, 2011, at 9:20 a.m., in the dry food storage area, with the Dietary Manager, confirmed the dry storage was not maintained in a sanitary manner and the cans were out dated and available for use by the dietary staff.</p> | F 371  | <p>On 10-10-11 window sills, storage racks and the floor underneath the food storage racks were cleaned. The two fourteen ounce cans of bean sprouts were disposed of. On 10-10-11 all other areas were checked and cleaned as needed. On 10-10-11 all other areas were checked for out of date food and none was found. On 10-21-11 Dietary manager in serviced dietary staff regarding cleaning schedules and disposal of out of date food. Dietary manager will monitor compliance with cleaning schedules and food weekly x 8. Findings of the quality assurance monitor will be reported by the Dietary Manager to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.</p> <p>On 10-10-11 the thermometer in #2 reach in cooler was changed to a new thermometer and read again in two hours after changing and reading was within proper temperature range. On 10-10-11 a new thermometer was placed in the milk cooler. On 10-10-11 all other areas were checked for proper working thermometers. On 10-21-11 Dietary manager in serviced dietary staff on where thermometers should be located and the appropriate readings for thermometers. Dietary manager will monitor that all locations requiring a thermometer have one in place and that they are working properly weekly x 8 weeks.</p> | 10-21-11 |  |
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| F 371   | Continued From page 7<br>Observation on October 10, 2011, at 9:30 a.m., in the dietary department, of the #2 reach in cooler revealed a thermometer reading of forty-four degrees, and milk products stored in the cooler. Further observation revealed no thermometer in the milk cooler.<br><br>Interview on October 10, 2011, at 9:30 a.m., in the dietary department, confirmed the thermometer reading was forty-four degrees in the #2 reach in cooler and no thermometer was present in the milk cooler.<br><br>Observation of the food temperatures, on the tray line, on October 10, 2011, at 11:30 a.m., with the Dietary Manager, in the dietary department, revealed the temperature of the puree chicken was 136 degrees, the puree green beans was 130 degrees, and the nectar milk was 45 degrees.<br><br>Interview confirmed the safe temperature required is 140 degrees for hot foods and 41 degrees for refrigerated foods and confirmed the tray line had been serving for thirty minutes. | F 371  | Findings of the quality assurance monitor will be reported by the Dietary Manager to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.<br><br>On 10-10-11 temperatures were taken before, during and after the next food service and the temperatures remain in range. Each meal food temperatures are taken before the meal is served, during the meal and at the end of the meal to assure proper temperatures. On 10-21-11 the dietary manager in serviced dietary staff on proper food temperatures and recording of the food temperatures during the meals. Dietary manager will monitor food temperatures weekly x 8 weeks. Findings of the quality assurance monitor will be reported by the Dietary Manager to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse. |  | 10-21-11   |
| F 441<br>SS=D   | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS<br><br>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections   | F 441  |  |  |  |

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| F 441   | <p>Continued From page 8<br/>in the facility;<br/>(2) Decides what procedures, such as isolation,<br/>should be applied to an individual resident; and<br/>(3) Maintains a record of incidents and corrective<br/>actions related to infections.</p> <p>(b) Preventing Spread of Infection<br/>(1) When the Infection Control Program<br/>determines that a resident needs isolation to<br/>prevent the spread of infection, the facility must<br/>isolate the resident.<br/>(2) The facility must prohibit employees with a<br/>communicable disease or infected skin lesions<br/>from direct contact with residents or their food, if<br/>direct contact will transmit the disease.<br/>(3) The facility must require staff to wash their<br/>hands after each direct resident contact for which<br/>hand washing is indicated by accepted<br/>professional practice.</p> <p>(c) Linens<br/>Personnel must handle, store, process and<br/>transport linens so as to prevent the spread of<br/>infection.</p> <p>This REQUIREMENT is not met as evidenced<br/>by:<br/>Based on observation and interview the facility<br/>failed to change the gloves and wash the hands<br/>during a dressing change for one (#5) of<br/>twenty-three residents reviewed.</p> <p>The findings included:</p> <p>Observation on October 11, 2011, at 10:00 a.m.,<br/>revealed Licensed Practical Nurse (LPN) #2</p> | F 441  | <p>F 441 – Infection Control, Prevent Spread, Linens</p> <p>On 10-11-11 Patient # 5 was observed and skin<br/>around the peri wound area was noted to be<br/>clean and dry with no evidence of cross<br/>contamination. LPN # 2 was in-serviced by the<br/>Director of Nursing on 10-11-11 about proper<br/>procedures for hand washing and glove donning<br/>during wound care. On October 12, 2011 the<br/>Director of Nursing verified that all patients with<br/>multiple wounds received proper wound care<br/>treatment with appropriate hand washing and<br/>glove donning. All licensed staff was in-serviced<br/>on 10-21-11 about proper hand washing and<br/>glove donning during wound care procedures.<br/>Director of Nursing or designee will monitor<br/>proper hand washing and glove donning during<br/>wound care weekly x 8 weeks. Findings of the<br/>quality assurance monitor will be reported by<br/>the Director of Nursing to the Quality Assurance<br/>Committee which is made up of the following<br/>people: Medical Director, Administrator,<br/>Director of Nursing, Health Information<br/>Manager, Social Services Director, Falls<br/>Prevention Nurse, Facility Rehab Coordinator<br/>and Wound Care Nurse.</p> | 10-21-11                   |  |

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| F 441   | Continued From page 9<br>providing wound care to resident #5. Continued observation revealed LPN #2 applied gloves and sprayed wound cleanser onto a wound on the lower mid back, and described the wound as a Stage III wound measuring 10.0 cm (centimeters) by 7.0 cm. Continued observation revealed LPN #2 used a gauze pad to clean the wound. Continued observation revealed without changing the gloves and washing the hands, LPN #2 sprayed wound cleanser onto a wound on the left buttock, and described the wound as a Stage II wound measuring 7.0 cm by 1.0 cm. Continued observation revealed LPN #2 used a gauze pad to clean the wound. Continued observation revealed LPN #2 removed the soiled gloves and washed the hands, reapplied gloves and applied clean dressings.<br><br>Interview on October 11, 2011, at 3:05 p.m., with the Director of Nursing, in the conference room, revealed gloves are to be changed and the hands are to be washed after cleaning each wound to avoid cross contamination.<br><br>Interview on October 11, 2011, at 10:30 a.m., with LPN #2, in the Director of Nursing's office, confirmed the gloves were not changed and the hands were not washed after cleaning the wound on the mid back prior to cleaning the wound on the left buttock. | F 441  |  |  |  |
| F 502<br>SS=D   | 483.75(j)(1) ADMINISTRATION<br><br>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.  | F 502  |  |  |  |

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| F 502   | Continued From page 10<br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review and interview the facility failed to assure laboratory services where completed timely for one resident (#10) of twenty-three residents reviewed.<br><br>The findings included:<br><br>Resident #10 was admitted to the facility on May 13, 2011, with diagnoses including Congestive Heart Failure, Hypertension, and Chronic Obstructive Pulmonary Disease.<br><br>Medical record review of a Physician's order dated July 13, 2011, revealed "...F/U (follow up) UA (urinalysis) and C & S (culture and sensitivity) on July 22, 2011..."<br><br>Medical record review of a laboratory UA and C & S revealed, "...collection date July 26, 2011 ...date reported July 28, 2011...organism...Escherichia Coli ..."<br><br>Medical record review of a Physician's order dated July 29, 2011, revealed "...Macrobid (antibiotic) 100mg p.o. (by mouth) BID (twice a day) for seven days..."<br><br>Interview with the Director of Nursing (DON), in the DON office, on October 11, 2011, at 8:20 a.m., confirmed the laboratory UA and C & S was not completed timely. | F 502  | F 502 – Administration<br><br>Resident #10 has had no other UA and C&S orders since 7-26-11. All other UA and C&S orders have been reviewed and all labs have been obtained timely. On 10-21-11 licensed staff was in-serviced on obtaining UA and C&S labs timely. Director of Nursing or her designee will monitor timeliness of UA and C&S being obtained weekly x 8 weeks. Findings of the quality assurance monitor will be reported by the Director of Nursing to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse. | 10-21-11                   |  |
| F 505<br>SS=E   | 483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS<br><br>The facility must promptly notify the attending physician of the findings.   | F 505  |  |                            |  |

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| F 505   | <p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review and interview the facility failed to notify the physician promptly of laboratory results for five residents (#1, #3, #10, #16, &amp; #2) of twenty-three residents reviewed.</p> <p>The findings included:</p> <p>Resident # 1 was admitted to the facility on September 15, 2011, with diagnoses including Parkinsons, Hypertension, Dementia, Psychosis and Depression.</p> <p>Medical record review of Nurse's Notes dated August 29, 2011, at 6:10 p.m., revealed "...new order received...culture both eyes on August 30, 2011..."</p> <p>Medical record review of a laboratory C &amp; S (culture and sensitivity) revealed "...coll (collection) August 30, 2011...verified September 2, 2011...positive..."</p> <p>Medical record review of Nurse's Notes dated September 3, 2011, at 8:30 a.m., revealed "...New lab results...attempted to notify Dr...x (times) 3 attempts with no answer..."</p> <p>Medical record review of a Nurse's Note dated September 4, 2011, at 10:00 a.m., revealed "...new orders from Dr...for Gentamicin (antibiotic) eye drops...for eye infection..."</p> <p>Medical record review of a physician's telephone</p> | F 505  | <p>F 505 – Promptly Notify Physician of Lab Results</p> <p>Resident #1 has had no other labs ordered since 8-29-11. Resident #3 has had no other labs ordered since 8-8-11. Resident #10 has had no other labs ordered since 7-6-11. Resident #16 has had no other labs ordered since 8-30-11. Resident # 2 had a lab ordered on 8-29 and physician was notified timely of results. All labs since 10-11-11 have been reviewed for timely notification of physician and none were noted. On 10-21-11 licensed staff was in serviced on timely notification of labs to physicians. Director of Nursing or her designee will monitor timely notification to physician of labs weekly x 8 weeks. Findings of the quality assurance monitor will be reported by the Director of Nursing to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.</p> |  | 10-21-11   |

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| F 505   | <p>Continued From page 12</p> <p>order dated September 4, 2011, revealed<br/>"...Gentamicin eye drops QID (four times a day)<br/>to both eyes x 5 days for eye infection..."</p> <p>Interview with the Director of Nursing (DON) on<br/>October 10, 2011, at 4:55 a.m., in the conference<br/>room, confirmed the physician was not notified<br/>timely of the positive culture results on<br/>September 2, 2011 until September 4, 2011 (2<br/>days later).</p> <p>Resident #3 was admitted to the facility on July<br/>16, 2010, with diagnoses including Dementia,<br/>Coronary Artery Disease, Hypertension, and<br/>Anxiety.</p> <p>Medical record review of a physician's telephone<br/>order dated July 2, 2011, revealed "...Augmentin<br/>(antibiotic) 875 mg (milligram) p.o. (by mouth)<br/>BID (two times a day) for 10 (ten) days for UTI<br/>(urinary tract infection)...F/U (follow up) UA<br/>(urinalysis) and C &amp; S (culture and sensitivity) on<br/>July 14, 2011..."</p> <p>Medical record review of laboratory UA and C &amp; S<br/>results revealed "...coll (collection) July 14,<br/>2011...verified July 16,<br/>2011...organism...Escherichia<br/>Coli...recommendation...Gentamycin..."</p> <p>Medical record review of a Physician order dated<br/>July 20, 2011, revealed, "...Gentamycin 80 mg...Q<br/>(every) 12 (twelve) hours for ten days for UTI..."</p> <p>Continued medical record review of a Physician<br/>Order dated August 4, 2011, revealed "...F/U UA<br/>and C &amp; S..."</p> | F 505  |  |  |  |

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| F 505   | <p>Continued From page 13</p> <p>Medical record review of a laboratory UA and C &amp; S dated August 4, 2011, revealed "...coll (collection) August 4, 2011...verified August 6, 2011...organism Enterococcus Faecalis...recommendation...Nitrofurantoin (antibiotic)..."</p> <p>Medical record review of a Physician order dated August 8, 2011, revealed "...Nitrofurantoin 100 mg p.o. TID (three times a day) for seven days...for UTI..."</p> <p>Interview with the Director of Nursing (DON) on October 11, 2011, at 8:20 a.m., in the DON's office confirmed, the physician was not notified timely of resident #3's July 16, 2011, and the August 6, 2011 lab results.</p> <p>Resident #10 was admitted to the facility on May 13, 2011, with diagnoses including Congestive Heart Failure, Hypertension, and Chronic Obstructive Pulmonary Disease.</p> <p>Medical record review of a Physician order dated June 19, 2011, revealed, "...Macrobid (antibiotic) 100 mg p.o. BID one week for UTI...obtain UA and C &amp; S...June 29, 2011..."</p> <p>Medical record review of a laboratory UA and C &amp; S results revealed "...collection date June 29, 2011...date reported July 2, 2011...organism Kluyvera Ascorbata..."</p> <p>Medical record review of a Physician order dated July 6, 2011, revealed "...Rifampin (antibiotic) 150 mg p.o. BID for three days for UTI..."</p> | F 505  |  |  |  |

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| F 505   | <p>Continued From page 14</p> <p>Interview with the Director of Nursing (DON) on October 11, 2011, at 8:20 a.m., in the DON's office confirmed, the physician was not notified timely of resident #10's lab results.</p> <p>Resident #16 was admitted to the facility on June 28, 2011, with diagnoses including Alzheimer's Dementia, Peg Tube Insertion, and Urinary Incontinence.</p> <p>Medical record review of a Physician's order dated August 30, 2011, revealed "...obtain UA and C &amp; S on August 30, 2011..." Continued medical record review of laboratory UA and C &amp; S results revealed, "...coll (collection) August 30, 2011...verified...September 2, 2011...organism...Proteus Mirabilis..."</p> <p>Medical record review of a Physician order dated September 5, 2011, revealed "...Ampicillin (antibiotic) 500 mg p.o. QID (four times a day) for seven days UTI..."</p> <p>Interview with the Director of Nursing (DON) on October 11, 2011, at 3:58 p.m., in the DON's office confirmed, the physician was not notified timely of resident #16's lab results.</p> <p>Resident #2 was admitted to the facility on December 9, 2010, with diagnoses including Dementia, Delusions, Parkinson's Disease, and Diabetes.</p> <p>Medical record review of a laboratory report dated August 5, 2011, revealed a positive urine culture</p> | F 505  |  |  |  |

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| F 505   | <p>Continued From page 15</p> <p>with the causative organism Escherichia coli. Continued review of the laboratory report revealed "...MD (Medical Doctor) made aware with new orders given 8/10 (August 10)"</p> <p>Medical record review of a physician's order dated August 10, 2011, revealed Septra (sulfa drug for treatment of Urinary Tract Infection) DS (double strength) (1) PO (by mouth) for seven days.</p> <p>Interview on October 10, 2011, at 4:00 p.m., with the Director of Nursing, in the conference room, confirmed the delay, (six days) in notifying the physician of the positive urine culture.</p> | F 505  |  |  |  |

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